

**Declaration and Power of Attorney
Under Patent Cooperation Treaty
35 USC §371(c) (4)**

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled: OPTICAL DISK, OPTICAL RECORDER, OPTICAL REPRODUCER, CRYPTOCOMMUNICATION SYSTEM AND PROGRAM LICENSE SYSTEM
described and claimed in international application number PCT/JP96/02924 filed 8 October 1996
and as amended on _____ (if any), the specification and claims of which I have reviewed and understand
and for which I solicit a patent.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a), and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to my international application by me or my legal representatives or assigns, except as follows:

Japanese Patent Appln. No. 7-261247 filed October 9, 1995;
Japanese Patent Appln. No. 8-008910 filed January 23, 1996; and
Japanese Patent Appln. No. 8-211304 filed August 9, 1996.

The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the patent office:

Roger W. Parkhurst (Reg. No. 25,177), Charles A. Wendel (Reg. No. 24,453) and/or Stephen P. Burr (Reg. No. 32,970)

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO
PARKHURST, WENDEL & BURR, L.L.P., 1421 Prince Street, Suite 210, Alexandria, Virginia, 22314-2805
Telephones: (703) 739-0220.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Full name of Sole or First Inventor Mitsuaki OSHIMA
Given Name Middle Initial Family Name

*4 Inventor's Signature [Signature]
Date of Signature May 29, 1997
Month Day Year

6 Residence Kyoto-shi Kyoto Japan
City State or Province Country


7 Citizenship Japanese

8 Post Office Address 115-3, Katsura-minamitatsumi-cho, Nishikyo-ku,
(Insert complete mailing address, including country) Kyoto-shi, Kyoto 615 JAPAN.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Part 1 OF U.S.A. DECLARATION FORM
(Disc. this page in a sole inventor application)

3 Typewritten Full Name of Yoshiho GOTOH
Second Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature  Yoshiho Gotoh


*5 Date of Signature May 29, 1997
Month Day Year

*6 Residence Osaka-shi Osaka Japan
City State or Province Country

*7 Citizenship Japanese

8 Post Office Address
(Insert complete mailing address, including country)
4-9-17-201, Higashi-Nakahama, Jyouto-ku,
Osaka-shi, Osaka 536 JAPAN.

3 Typewritten Full Name of Shinichi TANAKA
Third Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature  Shinichi Tanaka


*5 Date of Signature June 2, 1997
Month Day Year

*6 Residence Tuzuki-gun Kyoto Japan
City State or Province Country

*7 Citizenship Japanese

8 Post Office Address
(Insert complete mailing address, including country)
1-42-14, Yamate-higashi, Tanabe-cho,
Tuzuki-gun, Kyoto 610-03 JAPAN.

3 Typewritten Full Name of Kenji KOISHI
Fourth Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature  Kenji Koishi

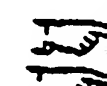
*5 Date of Signature May 29, 1997
Month Day Year

*6 Residence Sanda-shi Hyogo Japan
City State or Province Country

*7 Citizenship Japanese

8 Post Office Address
(Insert complete mailing address, including country)
3-56-8, Keyakidai, Sanda-shi,
Hyogo 669-13 JAPAN.

3 Typewritten Full Name of Mitsuru MORIYA
Fifth Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature  Mitsuru Moriya

*5 Date of Signature May 29, 1997
Month Day Year

*6 Residence Ikoma-shi Nara Japan
City State or Province Country

*7 Citizenship Japanese

8 Post Office Address
(Insert complete mailing address, including country)
1-29, Hikarigaoka 3-chome,
Ikoma-shi, Nara 630-01 JAPAN.


* Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

BEST AVAILABLE COPY

PAGE 1 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

3 Typewritten Full Name of Yoshinari TAKEMURA
~~Existing Joint Inventor (if any)~~ Given Name Middle Initial Family Name
Sixth

*4 Inventor's Signature  Yoshinari Takemura


*5 Date of Signature May 29, 1997
Month Day Year

*6 Residence Settu-shi Osaka Japan
City State or Province Country

*7 Citizenship Japanese

8 Post Office Address
(Insert complete mailing address, including country)
2-8-11, Befu, Settu-shi
Osaka 566 JAPAN.

3 Typewritten Full Name of
Third Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature 

*5 Date of Signature
Month Day Year

*6 Residence
City State or Province Country

*7 Citizenship

8 Post Office Address
(Insert complete mailing address, including country)

3 Typewritten Full Name of
Fourth Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature 

*5 Date of Signature
Month Day Year

*6 Residence
City State or Province Country

*7 Citizenship

8 Post Office Address
(Insert complete mailing address, including country)

3 Typewritten Full Name of
Fifth Joint Inventor (if any) Given Name Middle Initial Family Name

*4 Inventor's Signature 

*5 Date of Signature
Month Day Year

*6 Residence
City State or Province Country

*7 Citizenship

8 Post Office Address
(Insert complete mailing address, including country)

* Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

BEST AVAILABLE COPY